

BENZOYL PEROXIDE PRODUCTS PA SUMMARY

PREFERRED	Benzoyl peroxide cleanser (3, 6, or 9%) Benzoyl peroxide wash (2.5%, 5%, 5.75%, or 10%) Benzoyl peroxide creamy wash (4% or 8%) Benzoyl peroxide 4% acne wash kit (contains 4% topical emulsion [Brevoxyl], cleanser) Benzoyl peroxide 8% acne wash kit (contains 8% topical emulsion [Brevoxyl], cleanser)
NON-PREFERRED	BenzE Foam (benzoyl peroxide 5.3% foam) Benzoyl peroxide pads Brevoxyl 4% Complete Kit (benzoyl peroxide 4% topical emulsion, benzoyl peroxide 5% topical bar, cleanser) Brevoxyl 8% Complete Kit (benzoyl peroxide 8% topical emulsion, benzoyl peroxide 5% topical bar, cleanser) Inova Kit (benzoyl peroxide 4% pads plus Vitamin E 5%) Neobenz Micro Kit Plus Pak (benzoyl peroxide 5.5% cream plus benzoyl peroxide 7% wash) Neobenz Micro topical wash (benzoyl peroxide 7%) Oscion cleanser, pads (benzoyl peroxide) Pacnex topical wash (benzoyl peroxide 7%) Pacnex MX (benzoyl peroxide 4.25% liquid cleanser) Triaz cleanser, cloths, pads (benzoyl peroxide) Zaclir cleanser (benzoyl peroxide)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For benzoyl peroxide pads, Inova Kit, Triaz cleanser/cloths/pads, Oscion cleanser/pads, or Zaclir cleanser

- ❖ Submit a written letter of medical necessity stating the reasons the preferred product (generic benzoyl peroxide cleanser) is not appropriate for the member.

For Brevoxyl Complete Kit

- ❖ Submit a written letter of medical necessity stating the reasons the preferred product (generic benzoyl peroxide [Brevoxyl] acne wash kit) is not appropriate for the member.

For BenzE Foam, Neobenz, Pacnex, or Pacnex MX

- ❖ Submit a written letter of medical necessity stating the reasons the preferred products (generic benzoyl peroxide washes) are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.